

Fill in this information to identify the case:

Debtor 1 Kyle Joseph Domitrovits

Debtor 2 Brittany Kristen Domitrovits
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of Pennsylvania
(State)

Case number 18-12926-pmm

Form 4100S

Supplemental Proof of Claim for CARES Forbearance Claim

02/21

This Supplemental Proof of Claim is filed in compliance with the requirements of 11 U.S.C. § 501(f)(1) as the Debtor was granted a forbearance under the CARES Act (15 U.S.C. § 9056 or 9057). "Creditor" in this form means "eligible creditor" under 11 U.S.C. § 501(f). File this form as a supplement to your proof of claim.

Name of creditor: Freedom Mortgage Corporation

Court claim no. (if known):
23-1

Last 4 digits of any number you use to identify the debtor's account: 6 3 9 6

Property address: 1028 Hogan Way
Number Street
Northampton, Pennsylvania 18067-2701
City State ZIP Code

Part 1: Amount of Loan That Was Not Received During Forbearance Period

List of payments not received during forbearance period:

Forborne (FB) Payment Date	FB Payment Amount	Payment Amount Received During Forbearance	Date Funds Received
05/01/2020	\$ 1,343.43	\$ 1,343.43	3/30/2021
06/01/2020	\$ 1,343.43		
07/01/2020	\$ 1,343.43		
08/01/2020	\$ 1,343.43		
09/01/2020	\$ 1,343.43		
10/01/2020	\$ 1,343.43		
11/01/2020	\$ 1,343.43		
12/01/2020	\$ 1,315.45		
01/01/2021	\$ 1,315.45		
02/01/2021	\$ 1,315.45		
03/01/2021	\$ 1,315.45		
Totals	\$ 14,665.81	\$ 1,343.43	

Total of payments due under the forbearance: \$ 13,322.38

Part 2: Information About Agreement to Modify or Defer Loan Obligation

Have the Debtor and Creditor entered into an agreement to modify or defer the loan obligation in connection with the forbearance?

☐ Yes. Include the information required by 11 USC § 501(f)(2)(B)(i)-(iii) and attach copies of the writing outlining the modification or deferral:

- ☐ The loan was modified as follows:
- ☐ The amount of forborne payments and the deferral date:

☒ No. Debtor or their counsel should contact the Creditor about any resolutions that may be available to the Debtor.

Part 3:

The person completing this form must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box:

- ☐ I am the creditor.
- ☒ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

*/s/Phillip Raymond

Signature

Date 7/28/2021

Print

Phillip Raymond

First Name

Middle Name

Last Name

Title Bankruptcy Attorney

Company

McCalla Raymer Leibert Pierce, LLC

Address

1544 Old Alabama Road

Number

Street

Roswell

City

GA

State

30076

ZIP Code

Contact phone

732-692-6872

Email Phillip.Raymond@mccalla.com